

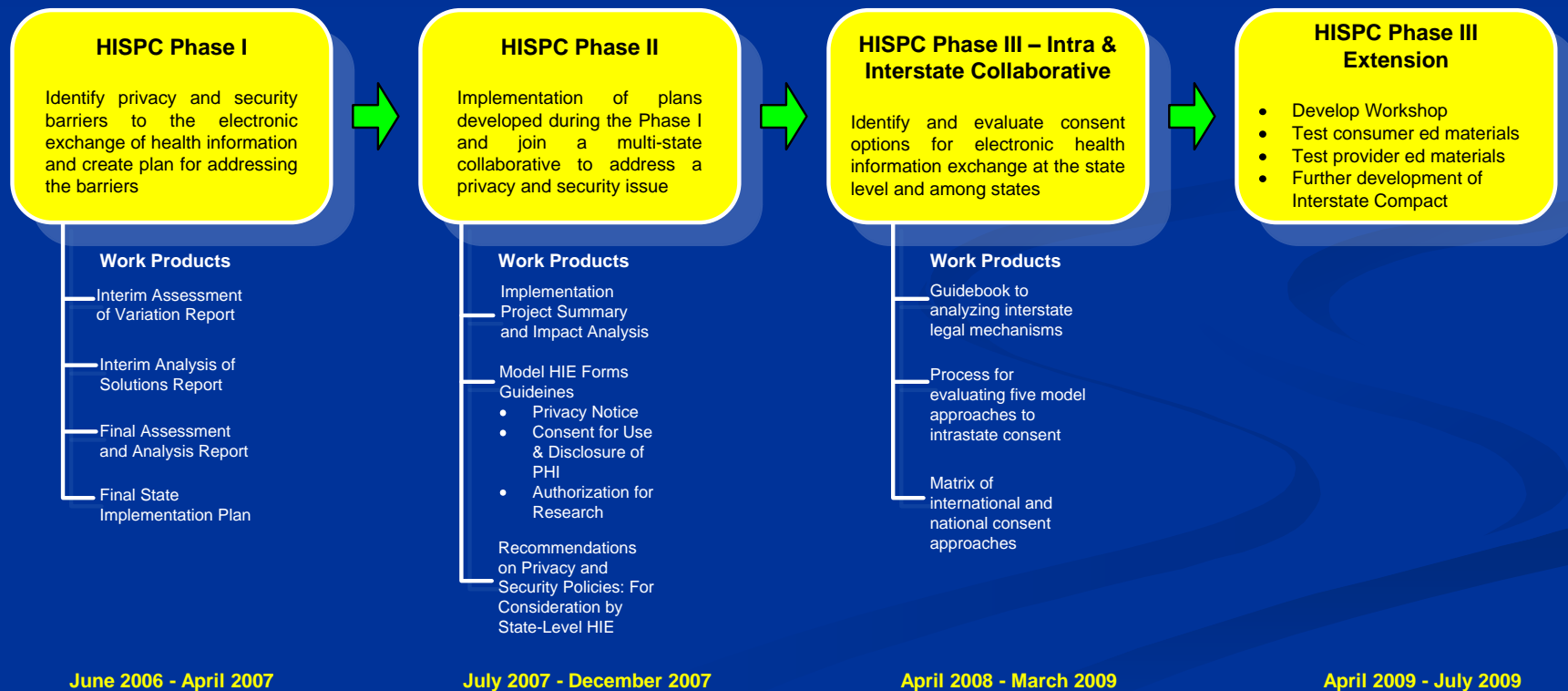


HISPC-Illinois

Update for the Illinois HIE
Advisory Committee Meeting



History of HISPC in Illinois





HISPC – Phase III

Intrastate and Interstate Consent Policy Options collaborative

Due to variation in state and local policies and laws, various models for obtaining consent to use or disclose health information have been established. The Intrastate and Interstate Consent Policy Options collaborative was formed to identify and evaluate consent options for electronic health information exchange at the state level and among states.



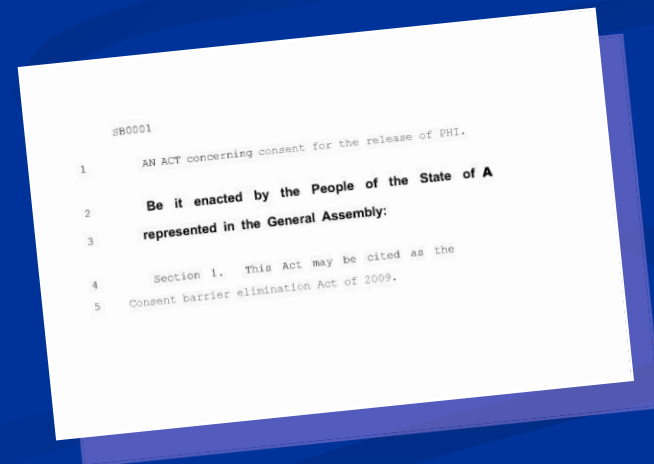
Purpose - Interstate Analyses

Explore the viability of legal options that states could enact to resolve barriers to the electronic exchange of protected health information (PHI) among states that have conflicting state laws governing consent to use or disclose PHI.



Interstate Analyses

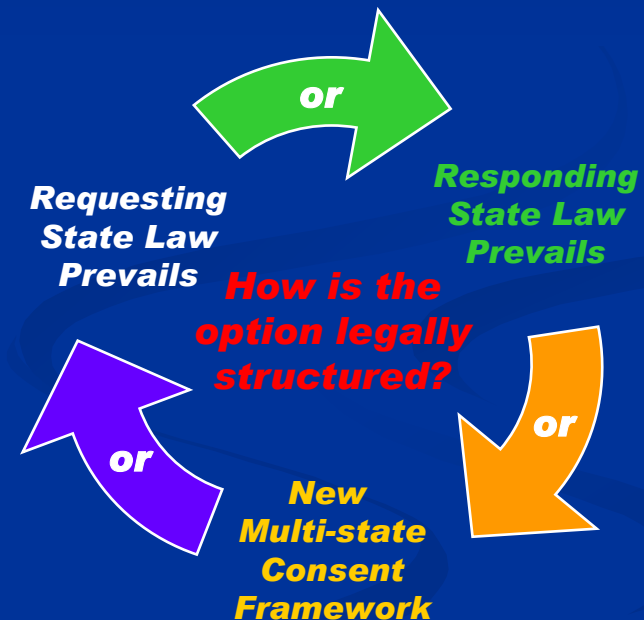
- California, Illinois and Ohio participated in the analysis of the legal options
- Four options analyzed
 - Interstate Compact
 - Uniform Law
 - Model Act
 - Choice of Law





Interstate Lessons Learned

- **Overarching issues**
 - State policy leaders reluctant to change status quo
 - Public/private partnership is key for success
 - Transparency is critical to ensure creditability
 - Cost of implementation
 - Education needed
- **Liability must be addressed**
- **How the option is legally structured affects the cost and political viability**





Interstate Findings

- The options represent a State-driven approach
- No option will eliminate all barriers to nationwide HIE
 - To reach this goal requires adoption of a consistent approach by all 50 states
- To be effective – the option needs to be completely uniform in its approach
- Interstate compact & uniform law can work
 - Most likely to provide a uniform or standardized approach
 - Allows for input by key stakeholders – state legislators, health providers and consumers
 - While implementation can be lengthy, not unreasonable given overall timeframe for HIE development



Interstate Findings

- Interstate compact may provide flexibility to quickly address policy and technological changes
- An interstate compact may serve as a mechanism to standardize the transfer of PHI on both an interstate and intrastate basis
- Model Act & Choice of Law are less promising solutions
 - Model Act
 - Unlikely to meet the goal of uniformity
 - Higher costs for less effective approach
 - Choice of Law
 - Choice of Law applies when dealing with conflicts in the absence of an option
 - Yet, as an option it is a cumbersome, politically problematic and legally complicated approach



HISPC – Phase III Extension

April – July 2009

This extension will require states to complete two challenges to test the effectiveness of the consumer and provider education and outreach materials developed in Phase III. It will also allow the multi-state collaboratives to continue forward with an innovation to build on the work performed in Phase III.



Challenge 1 – Consumer Education

- Test materials developed by the Consumer Education and Engagement Collaborative
 - Approach at least 3 consumer oriented organization
 - Review and select appropriate consumer education tools
 - Work with the organizations to adapt and disseminate the materials

Introducing EHR and HIE

Physicians and other medical providers are in the process of converting paper health record systems to electronic health record (EHR) systems. Many other industries, such as banking, have already made the transition to digital records.

Providers with electronic health records can join networks for health information exchange (HIE). These networks give providers the ability to electronically transmit an individual's health records. Eventually, a single health record can be developed for a person with multiple physicians.

These advancements will make the health care delivery system more efficient. The number of duplicated medical tests can be reduced. Patients with chronic medical conditions can have those conditions managed better.

www.eHealthWV.org

Benefits of EHR

Storing health records electronically allows for quick retrieval of patient information by physicians and staff wherever and whenever necessary. When networked, information about each patient can be accessible and complete whenever a physician must make a treatment decision. Electronic health records also are easy for searching, tracking and analyzing information. Unlike paper records, they are not bulky, don't take up costly space, and don't require labor-intensive methods to maintain, retrieve and file.

These new advancements in health record technology raise questions about security and privacy. Consumers may be concerned that someone may be able to hack into health systems to gain access to private health information.

Federal and state privacy laws, such as HIPAA, are designed to protect both paper and electronic health records. Systems must be designed to meet these stringent requirements. Any certified electronic system must be password protected and able to be encoded so that only authorized individuals can read the health records.

Unlike with paper health records, a log is created every time someone views a health record. In addition, access to certain parts of health records can be restricted by password and system design.

For more information on privacy, visit our Web site: www.eHealthWV.org.

EHRs can provide:

- Improved patient safety
- Improved clinical management of chronic disease conditions
- Improved clinical quality and efficiency
- Reduction of duplicate tests



Challenge 2 – Provider Education

- Partner 2 or more provider associations to promote the Provider Education Collaborative's toolkit and Web site
 - Accomplish 2 of these objectives:
 - Distribute an announcement
 - Identify a “Physician Champion” within the association
 - Secure a speaking engagement
 - Distribute press release and articles to media or trade publications
 - Link professional association Web site to Health Information Security & Privacy Provider Education Toolkit site
- <<http://www.secure4health.com/>>

Welcome to the Health Information Security & Privacy Provider Education Toolkit designed specifically for physicians and the healthcare community. We invite you to explore our Web site at www.Secure4Health.org, where you can learn more about electronic health information exchange, related privacy and security implications, earn free CME credits, ask questions, and get the tools and resources you need to safely and securely get connected!

It's Safe.
Health information exchange has the potential to improve communications among health care providers, support efficient transmission of patient records and provide effective coordination of care. Sharing information through health information exchange can improve patient safety and enhance the quality of care. Use this powerful tool to help improve clinical decisions, coordinate care and avoid medical errors.

It's Secure.
Properly implemented, CCHIT-certified electronic health record systems uphold the security protections you use every day to maintain the confidentiality and security of your patient records. These systems also provide protections necessary to meet privacy and security guidelines set forth by HIPAA and state patient privacy laws.

It's Time.
The days of paper patient records are drawing to a close. With the right resources and colleague support, today's health care providers can take steps toward integrating electronic health information exchange technology into their practices. This wise investment promises several returns – fully documented records, financial savings, better patient care and time saved.

BACKGROUND

The Provider Education Toolkit consists of materials developed and first deployed between January and March 2009. To evaluate its impact on health care providers and the medical community, the Health Information Security & Privacy Collaboration will analyze Web site traffic and the number of health care providers taking advantage of free continuing medical education credits. The goal is to create an education and outreach toolkit for providers nationwide.

The Provider Education Toolkit is the result of work completed by the Health Information Security & Privacy Collaboration, a multi-year project launched in 2006 by the U.S. Department of Health and Human Services. The collaboration comprises 42 states and territories and addresses issues presented by electronic health information exchange through multistate collaboration.

GET CONNECTED

States participating in the Health Information Security & Privacy Provider Education Toolkit pilot include:

Florida	Mississippi
Kentucky	Missouri
Louisiana	Tennessee
Michigan	Wyoming

■ PROVIDER EDUCATION TOOLKIT PILOT STATES ■ COLLABORATION STATE

The goals of the HISPC Provider Education Toolkit are to:

- Introduce health care providers to the benefits of electronic health information exchange (HIE).
- Increase provider awareness of the privacy and security benefits and challenges of HIE.
- Motivate providers to understand the advantages of electronic health information exchange.
- Identify the steps to HIE implementation, and
- Encourage participation in HIE.

www.Secure4Health.org



Challenge 3 – Collaborative Innovation

- Pursue the development of the interstate compact option
- Recognize non-HISPC organizations attempting to resolve the issue of interstate consent
- Create a roadmap to move ahead with the development of an interstate compact
- Identify and define the compact components
- Recommend the guiding/operational principles



Extension Deliverables

- Participate in a 90-minute Webinar on the Phase III products
- By July 24, 2009
 - Submit a Challenge 1 memo detailing results of consumer education activities
 - Submit a Challenge 2 memo detailing results of provider education activities
 - Submit a report on the Innovation Challenge